## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-12-2010</u>	Address:	Langle City Park	
Case #:	<u>24-31292</u>		Elkhart, IN	
County:	<u>Elkhart</u>		Engliart, IIV	
Type of La	hovetow C.	,		
Type of Laboratory Seizure (check one)		Seizure Location (c	Seizure Location (check all that apply)	
<ul><li>✓ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:	
(cneck all th	nd: Location (bedroom, kitchen, operate apply) /Ammonia Reaction(s): <u>City Park</u>			
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
∐ Yes ⊠ No	age 18 discovered (check one) (number present) ort to Child Protective Services	Retail/Mer	Pseudoephedrine Tracking Log	
This report is to be faxed to the following agencies that serve the location:				
Fire Departm	ent: Elkhart FD	Fax: <u>(574) 52</u>		
Health Department: Elkhart Co		Fax: (574) 29	Fax: (574) 295-6186	
Child Protection Service:		Fax:		
For further in: Investigating	formation regarding this methamp Officer: <u>Scott Gilbert</u> Ph	phetamine laboratory, con none <u>574-546-4900</u>	tact	
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.